

DIVISION OF BEHAVIORAL HEALTH SERVICES  
RSPMI ANNUAL REPORTING FORM  
State Fiscal Year 2009: 7/01/2008 through 6/30/2009

AGENCY NAME :  
ADDRESS:

PHONE NUMBER:  
Email:

FAX NUMBER:

Corporate Compliance Officer (or equivalent): \_\_\_\_\_

Provider Type: Private Non-Profit \_\_\_\_\_ Private For Profit \_\_\_\_\_ Public Entity \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Executive Director Certification: By my signature I certify that I have reviewed this report and attachments and it represents an accurate report of agency services and resources.

Executive Director Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

***THIS REPORT RELATES TO AGENCY WIDE INFORMATION***

**1. RSPMI services provided at the agency (Please check all that apply):**

Individual Therapy ☐

Family Therapy ☐

Group Therapy ☐

Rehabilitative Day Treatment ☐

Adults ☐ U-21 ☐

Crisis Services ☐

Acute Day Treatment ☐

Adults ☐ U-21 ☐

Residential Programs ☐

Adults ☐ U-21 ☐

Medication Management ☐

Psychological Evaluation ☐

After School Programs ☐

Other ☐

(Please Explain):

MHPP Case Management ☐

School Based ☐

School Linked ☐

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**2. Provider's plans and activities to overcome cultural and linguistic barriers to treatment.** (Please include a brief statement regarding on-going efforts to serve clients from diverse backgrounds as well as those clients that may have physical disabilities).

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**3. Staff Composition** (Please fill out the following chart):

**PERSONNEL RESOURCES** (as of the date this report is submitted, report the number of full time employees (FTE) or round to nearest tenth) ie: a half-time employee would be . 5 FTE

	TOTAL	W-9 or 10-99
1. FTE Mental Health Professional (MHP) Psychiatrists:		
2. FTE MHP non-psychiatrist Physicians		
3. FTE MHP Psychologists		
4. FTE MHP Psychological Examiners		
5. FTE MHP Psychological Examiners, Independent		
6. FTE MHP Master of Social Work		
7. FTE MHP Registered Nurses		
8. FTE MHP Licensed Professional Counselors		
9. FTE MHP in Related Professions		
10. FTE Mental Health Professionals (Sum of lines 1-9)		
11. FTE Mental Health Paraprofessionals		
12. FTE all other staff not included above		
13. FTE staff (Sum of lines 9, 10 and 12)		
14. FTE mental health professional case managers		
15. FTE mental health paraprofessional case managers		
16. FTE providing psychosocial rehabilitative day services		
17. FTE providing acute day treatment services		

**4. Interagency involvement** (Please identify all existing formal or informal contracts the agency has with other providers or agencies to provide RSPMI services. Briefly explain how the agency utilizes and interfaces with other community resources to provide services for the recipient to reinforce the agency's efforts to support the System of Care):

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**5. Agency wide quality improvement and outcomes activities.** (Please include agency organizational chart and the outcomes of identified quality improvement efforts to improve client care/outcomes).

**PLEASE SUBMIT THIS FORM AND INFORMATION TO:**

Division of Behavioral Health  
Policy & Certification Office  
305 South Palm  
Little Rock, AR 72205

For questions or more information:  
Call: Tripp Franks (501) 683-6999  
or email:  
tullos.franks@arkansas.gov

**FOR DBHS INTERNAL USE ONLY:**

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|--|------------------|
| 1) Services Provided<br>Status: Complete             | Yes ____ No ____ |
| 2) Cultural/Linguistic Barriers<br>Status : Complete | Yes ____ No ____ |
| 3) Staff Composition<br>Status: Complete             | Yes ____ No ____ |
| 4) Interagency Involvement<br>Status: Complete       | Yes ____ No ____ |
| 5) Quality Improvement<br>Status: Complete           | Yes ____ No ____ |

Comments: \_\_\_\_\_

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